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CONFIRMATION NO. 6367

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|--|---|-------------------------------|---|--------------------------------------|---------------------------------|
| <b>SERIAL NUMBER</b><br>10/644,891   | <b>FILING OR 371(c) DATE</b><br>08/20/2003<br><b>RULE</b>   | <b>CLASS</b><br>705           | <b>GROUP ART UNIT</b><br>3694   | <b>ATTORNEY DOCKET NO.</b><br>1061/6 |                                 |
| <b>APPLICANTS</b><br>Steven M.H. Wallman, Great Falls, VA;<br><b>** CONTINUING DATA *****</b><br>This appln claims benefit of 60/404,607 08/20/2002<br><b>** FOREIGN APPLICATIONS *****</b><br><b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b><br><b>** 09/17/2003</b>  |   |                               |   |                                      |                                 |
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after<br>met<br>Verified and Acknowledged <i>Michael P. Fortkort</i> <i>MS</i><br>Examiner's Signature Initials |   | <b>STATE OR COUNTRY</b><br>VA | <b>SHEETS DRAWING</b><br>61   | <b>TOTAL CLAIMS</b><br>54            | <b>INDEPENDENT CLAIMS</b><br>10 |
| <b>ADDRESS</b><br>MICHAEL P. FORTKORT PC<br>13164 Lazy Glen Lane<br>Oak Hill, VA20171  |   |                               |   |                                      |                                 |
| <b>TITLE</b><br>Method and apparatus for portfolio trading using margin  |   |                               |   |                                      |                                 |
| <b>FILING FEE RECEIVED</b><br>2114   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                               | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |                                      |                                 |